

quired to testify as to facts, but expert witnesses give opinions, not facts.

The belief that in many cases expert testimony is a purchasable commodity, is possibly only too well grounded, and the California statute providing for naming of disinterested experts by the trial court, plus Doctor Lobingier's suggestion, seems to offer a practicable way out.

If the medical profession adopts this suggestion, it will lead the way in a general housecleaning of the expert-witness field. It is a place in which reform is unquestionably needed.

## SYNOPSIS OF MALPRACTICE

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(With apologies to H. L. Tidy, M.D., and his celebrated "Synopsis of Medicine.")

(*Tic doulouerror*) (*Bury-Bury*) (*Mistake*)

### MALPRACTICE

An acute infectious disease transmissible mainly to physicians and surgeons, only by the excreta of former patients, characterized by severe pain and prolonged sequelae. Rarely fatal.

**Etiology.**—Virus unknown, principally affects busy doctors; ultra-careful and conservative practitioners not immune. Endemic throughout North America, particularly United States of America. Degree of infectivity high when exposed to carriers of bacillus avaritia.

**Symptoms.**—(a) Incubation period: One year from exposure, sometimes called "Statute of Limitations."

(b) Premonitory period: Usually two to eleven months, crystallized by sudden chill upon contact with patient, ordinarily in connection with latter's simulated bill-uselessness.

(c) Clinical period and eruption: Generally during last days of incubation period coincident with premature, too radical treatment of patient's neglect to pay bill.

**Characteristics of Clinical Stage.**—(a) Eruptions, asymmetrical and varicolored, but always identifiable by court summons and complaint and invariably accompanied by a pimply rash in the form of a process server.

(b) Excruciating hyperesthesia in the region of the gluteus maximus, and splenius colli. Also frequently red spots before the eyes, and set teeth on edge.

**Chronic Stage.**—May continue six months to five years. A pyrexia syndrome occurs during this stage if the disease is at all activated, the culmination of the febrile parabola always manifesting itself in direct relation to the time of appearance of the "victim" in a court proceeding.

**Course and Prognosis.**—If early treatment can be obtained, the uncomplicated disease usually smothers in its own excreta. The prognosis is markedly good if there has been a generally effective starvation of the "bacillus avaritia."

**Prophylaxis.**—(1) Do not (unless necessary) sue for fees until one year has elapsed from the date of last treatment. Patients ordinarily have only one year within which to sue for malpractice. Doctors have at least two years within which to sue for fees. If patient is a minor, the rule is different; consult counsel.

(2) Pay or no pay, a private physician is equally responsible in law, therefore, insist on coöperation of the patient in all reasonably required respects, such as x-rays and laboratory analyses; otherwise demand acceptance of public facilities and release of responsibility.

(3) Do not criticize the doctor who precedes on a case. The problem may have appeared distinctly or subtly different to him. Remember, if your successor follows this paragraph faithfully, your *sincerest* though perhaps most *futile* efforts will be accounted sympathetically.

(4) Do not experiment on a live patient. Risks likely to be dangerous to a patient provoked by experiment are incompatible with the law. Therefore, to avoid legal responsibility for damage, refrain from doing that which the ordinarily prudent practitioner of average skill would not

do under similar circumstances, and be diligent to do at least those things which a reasonably prudent practitioner would consider indicated under similar circumstances.

If this rule is followed, bad results do not support legal responsibility.

(5) Do not be brutal. "Offensiveness" is *not* the best "defense" to impending trouble with a patient. On the contrary, kindness, solicitude, understanding, and, surprisingly often, consultation will ward off lurking trouble.

**Treatment.**—(a) Aromatic spirits, care, and caution 1 oz. t. i. d., p. c.

(b) Sweet oil of charity q. s. for articulating surfaces with other doctors.

(c) Isolation of case records and x-rays.

(d) Absolute quiet, abstention from further exposure to source of infection or carrier.

(e) When examined in court be frank, modest, sympathetic, professional. Avoid inclinations to rancor or debate. (Let counsel carry latter burdens.)

**Morbid Anatomy.**—Though this disease is only rarely fatal, there is one outstanding histologic sequela, to wit: Proliferation and desquamation of the cortex of the "glans reputation."

Thus, it is well to follow the prophylactic admonitions wherever possible if this unfortunate result is to be avoided to yourself or your fellow practitioner.

## THE PAY-PATIENT PLAN SHOULD NOT BE APPROVED\*

An assembly committee has tabled a bill by Assemblyman S. L. Heisinger of Fresno County, seeking to amend the Political Code to open the doors of county hospitals to "pay" patients on permission of the county supervisors.

That was a good move.

Sacramento County once had such a system. But when the new county charter was adopted it was abolished, because experience had shown it to be limited to individual benefits, but *costly to the taxpayers*.

To get rid of the abuses developed thereunder, the county charter specifically provides:

The Sacramento County Hospital shall be maintained for Sacramento County indigents only.

‘ ‘ ‘

On July 1 of this year this system will have been in operation for a period of four years. Suggestions have been made from time to time that it be modified—most of them brought forward by interested office holders—but they have failed to gain any appreciable support from the public.

The reason is obvious.

The people have found the present *modus operandi* satisfactory and at the same time *they have not been called on to contribute large amounts in taxes to pay for medical attention and hospital care for those well able to provide for themselves otherwise*.

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What is the aim and purpose of a county hospital?

It is to see to it that the unfortunate and the needy are not denied medical service; that they shall not die or suffer needlessly because they do not have the means to pay for medical or hospital care.

The people are perfectly willing to supply through taxation sufficient money to support such institutions. But they are not in favor of county hospitals whose doors will be thrown open to those with political influence and pull on the "pay" theory. Experience has shown that such "pay" is more often than not a delusion—a promise seldom expected to be fulfilled.

The Legislature will do well to leave the final decision of the policy in such matters to the counties themselves.

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